

B6F (Official Form 6F) (12/07)

In re **Calvin Curtis James,
Andrea Louise Richardson-James**Case No. **11-30097**Debtors**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
<u>Account No. All Accounts</u>			<u>Open Account</u>				
Acct Res Crp 700 Goddard Ave Chesterfield, MO 63005		<u>J</u>					150.00
<u>Account No. All Accounts</u>			<u>Open Account</u>				
Ameren IL PO Box 66882 Saint Louis, MO 63166-5882		<u>J</u>					1,000.00
<u>Account No. 1090</u>			<u>Open Account</u>				
AT&T c/o Gatestone & Co International in 1000 N. West St Ste 1200 Wilmington, DE 19801-1058		<u>J</u>					435.33
<u>Account No. All Accounts</u>			<u>Open Account</u>				
AT&T Mobility PO Box 650553 Dallas, TX 75265-0553		<u>J</u>					1,300.00
Subtotal (Total of this page)							2,885.33

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Calvin Curtis James,
Andrea Louise Richardson-JamesCase No. 11-30097

Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <u>All Accounts</u> <u>Con Col Mgmt</u> <u>PO Box 1839</u> <u>Maryland Heights, MO 63043</u>	<u>J</u>		<u>Open Account</u>				<u>281.00</u>
Account No. <u>All Accounts</u> <u>Credit Control</u> <u>5757 Phantom Drive Ste 330</u> <u>Hazelwood, MO 63042</u>	<u>J</u>		<u>Open Account</u>				<u>4,645.00</u>
Account No. <u>7270 / All Accounts</u> <u>Credit One Bank</u> <u>c/o Midland Credit Management</u> <u>8875 Aero Drive</u> <u>Ste 200</u> <u>San Diego, CA 92123</u>	<u>J</u>		<u>Open Account</u>				<u>751.06</u>
Account No. <u>7270 / All Accounts</u> <u>Credit One Bank</u> <u>PO Box 60500</u> <u>City Of Industry, CA 91716-0500</u>	<u>J</u>		<u>Notice Only</u>				<u>0.00</u>
Account No. <u>All Accounts</u> <u>Dish Network</u> <u>PO Box 9033</u> <u>Littleton, CO 80160</u>	<u>J</u>		<u>Open Account</u>				<u>1,023.00</u>
Subtotal (Total of this page)							<u>6,700.06</u>

Sheet no. 1 of 3 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Calvin Curtis James,
Andrea Louise Richardson-JamesCase No. 11-30097

Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <u>6955 / All Accounts</u> <u>Gateway Regional Medical Center</u> <u>PO Box 503706</u> <u>Saint Louis, MO 63150-0001</u>	<u>J</u>	<u>Medical</u>				<u>510.03</u>
Account No. <u>6217 / All Accounts</u> <u>Granite City Clinic Corp</u> <u>PO Box 11804</u> <u>Belfast, ME 04915-4009</u>	<u>J</u>	<u>Notice Only</u>				<u>0.00</u>
Account No. <u>6217 / All Accounts</u> <u>Granite City Clinic Corporation</u> <u>c/o Professional Account Services</u> <u>Attn: PCU</u> <u>PO Box 68</u> <u>Brentwood, TN 37024-0068</u>	<u>J</u>	<u>Medical</u>				<u>151.20</u>
Account No. <u>8774 / All Accounts</u> <u>Rotech Healthcare Inc</u> <u>PO Box 3112</u> <u>Southeastern, PA 19398-3112</u>	<u>J</u>	<u>Medical</u>				<u>392.73</u>
Account No. <u>All Accounts</u> <u>St. Louis University Hospital</u> <u>PO Box 741286</u> <u>Atlanta, GA 30374-1286</u>	<u>J</u>	<u>Medical</u>				<u>719.14</u>
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <u>1,773.10</u>

B6F (Official Form 6F) (12/07) - Cont.

In re Calvin Curtis James,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <u>0001 / All Accounts</u>		<u>Open Account</u>				
<u>Verizon Wireless</u> <u>c/o Enhanced Recovery Company</u> <u>PO Box 23870</u> <u>Jacksonville, FL 32241-3870</u>	<u>J</u>					<u>1,674.01</u>
Account No. <u>2617 / All Accounts</u>		<u>Notice</u>				
<u>Washington Mutual Bank /</u> <u>Atlantic Credit & Finance</u> <u>c/o Law Office of John P. Frye</u> <u>PO Box 13665</u> <u>Roanoke, VA 24036-3665</u>	<u>J</u>					<u>3,829.54</u>
Account No.						
Account No.						
Account No.						
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<u>5,503.55</u>
						Total (Report on Summary of Schedules)
						<u>16,862.04</u>

**United States Bankruptcy Court
Southern District of Illinois**

In re **Calvin Curtis James
Andrea Louise Richardson-James**

Debtor(s)

Case No. **11-30097**
Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: **June 19 2015**

/s/ Calvin Curtis James

Calvin Curtis James

Signature of Debtor

Date: **June 19 2015**

/s/ Andrea Louise Richardson-James

Andrea Louise Richardson-James

Signature of Debtor

**NOTICE OF ELECTRONIC FILING AND
CERTIFICATE OF SERVICE BY MAIL**

STATE OF ILLINOIS)	CASE NO.: 11-30097
)	SS
CITY OF BELLEVILLE)	Chapter 7

Mary Hicks, being duly sworn, deposes and says:

Deponent is not a party to the action, is over 18 years of age, and resides in Madison County, Illinois.

On June 23, 2015, Deponent electronically filed with the Clerk of the U.S. Bankruptcy Court the **Amendment to Schedule F and Verification of Creditor Matrix**.

The Deponent served electronically the **Amendment to Schedule F and Verification of Creditor Matrix** to the following parties:

U.S. Trustee
U.S. Bankruptcy Court
Robert Eggmann

and served by mail to the following parties Listed On Amended Schedule F:

CALVIN JAMES & ANDREA RICHARDSON-JAMES 920 WASHINGTON AVE MADISON, IL 62060	ACCT RES CRP 700 GODDARD AVE CHESTERFIELD, MO 63005
AMEREN IL PO BOX 66882 SAINT LOUIS, MO 63166-5882	AT&T C/O GATESTONE & CO INTERNATIONAL IN 1000 N. WEST ST STE 1200 WILMINGTON, DE 19801-1058
AT&T MOBILITY PO BOX 650553 DALLAS, TX 75265-0553	CON COL MGMT PO BOX 1839 MARYLAND HEIGHTS, MO 63043
CREDIT CONTROL 5757 PHANTOM DRIVE STE 330 HAZELWOOD, MO 63042	CREDIT ONE BANK C/O MIDLAND CREDIT MANAGEMENT 8875 AERO DRIVE STE 200 SAN DIEGO, CA 92123
CREDIT ONE BANK PO BOX 60500 CITY OF INDUSTRY, CA 91716-0500	DISH NETWORK PO BOX 9033 LITTLETON, CO 80160
GATEWAY REGIONAL MEDICAL CENTER PO BOX 503706 SAINT LOUIS, MO 63150-0001	GRANITE CITY CLINIC CORP PO BOX 11804 BELFAST, ME 04915-4009
GRANITE CITY CLINIC CORPORATION C/O PROFESSIONAL ACCOUNT SERVICES ATTN: PCU PO BOX 68 BRENTWOOD, TN 37024-0068	ROTECH HEALTHCARE INC PO BOX 3112 SOUTHEASTERN, PA 19398-3112
ST. LOUIS UNIVERSITY HOSPITAL PO BOX 741286 ATLANTA, GA 30374-1286	VERIZON WIRELESS C/O ENHANCED RECOVERY COMPANY PO BOX 23870 JACKSONVILLE, FL 32241-3870
WASHINGTON MUTUAL BANK /	

ATLANTIC CREDIT & FINANCE C/O LAW OFFICE OF JOHN P. FRYE PO BOX 13665 ROANOKE, VA 24036-3665	
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by depositing a true copy of same, enclosed in a postage paid properly addressed wrapper, in a Belleville City Branch, official depository under the exclusive care and custody of the United States Postal Service, within the State of Illinois.

By: /s/ Mary Hicks